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ABSTRACT

The major goal of the National Asian American Psychology Training Conference was to bring together concerned Asian American scholars, practitioners, administrators, community leaders, and students to examine, discuss, and provide recommendations for the training of Asian American psychologists. Three kinds of products emerged from the conference: the accounts of personal experiences, novel training programs, and other issues that participants presented; frameworks and paradigms used to analyze the issues and problems; and substantive recommendations generated by the group interactions. Cultural and linguistic differences of Asian Americans vis a vis the larger society, their impact on mental health problems, the means of resolving these problems, and the training of Asian American psychologists for coping with these differences were discussed. Recommendations were made with regard to the types of psychologists that are needed, the training programs which specifically deal with working with Asian Americans, and the advocacy of particular training programs. The appendix includes a paper used as a stimulus for discussion of specific concerns at the conference. Topics related to the training of Asian American psychologists were covered in this paper. (Author/AM)

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The National Asian American Psychology Training Conference

UD018018

Report of the Conference held July 29–August 1, 1976
in Long Beach, California

The National Asian American Psychology Training Conference

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Stanley Sue
Robert Chin

Background of Conference

In 1972, the Association of Asian American Psychologists (AAAP) was founded. As with other ethnic organizations in psychology such as the Association of Black Psychologists and Psychologists for La Raza, it was concerned that the interests and psychological well-being of Asians (e.g. Chinese, Japanese, Korean, Pilipinos, Samoans, and Vietnamese) in the United States and of Pacific Island Americans were not being served. Members of AAAP attempted to draw attention to Asian Americans by documenting the status of Asian Americans, by suggesting more adequate research strategies and theories, by examining current mental health service delivery systems, by recommending more responsive mental health services, and by working within the professional mental health disciplines and the social-political arenas.

It was against this background of concern that prompted initial discussion of a conference. AAAP held a meeting at the 1974 American Psychological Association Convention in New Orleans. Although much of the discussion during the meeting focused upon AAAP, several issues had much greater generality: (1) How could psychology and psychologists be more responsive to Asian Americans? (2) Were psychological research and theories applicable to Asian Americans? (3) Were there enough psychologists to provide the kinds of services needed in Asian American communities? (4) How could training programs be more relevant to Asian American students? (5) What were the mental health needs of Asian Americans? At the invitation of Dr. Robert Chin (now President of AAAP), Dr. Stanley Schneider, Chief of the Psychology Training Branch of NIMH, also attended the meeting. Noting that much of AAAP's concerns were related to training (i.e., to the training of Asian American psychologists and to the roles that were desirable in the communities), Dr. Schneider suggested that a conference grant proposal could be submitted to NIMH in order to focus on training.

With the advice of Robert Chin and Advisory Board members of AAAP, Stanley Sue decided to write and submit a conference grant proposal. Several AAAP Newsletters contained requests for suggestions and comments from members, and many AAAP members did provide suggestions and offers of assistance. Discussions about the conference were also initiated at the AAAP meetings of the American Psychological Association Convention in Chicago during 1975 and the Western Psychological Association Convention in Los Angeles during 1976. At the Chicago meeting attended by about 50 persons, a decision was made to allow the conference organizers some degree of freedom in making decisions about the structure and nature of the conference. Stanley Sue solicited the advice of others and carried out the plans and details of mounting and conducting the conference as well as formed the intellectual format of the issues.

Throughout this period of time, Patrick Okura, Executive Assistant to the Director of NIMH and an AAAP Advisory Board member, provided invaluable encouragement and suggestions on the proposal. In April, 1976, unofficial word was received that the proposal had been approved for funding by NIMH. Dr. Stanley Schneider from NIMH showed deep appreciation and understanding of the issues in facilitating the work of AAAP, its members, and the place of a training conference. His support, stimulation, and insights were crucial to the thinking of the planners and participants.

Conference Planning

Goals

Why have a conference? What could be achieved at such a conference? It was the intention of those organizing the conference to bring together concerned Asian American scholars, practitioners, administrators, community leaders, students, etc. to examine, discuss, and provide recommendations for the training of Asian American psychologists. It was hoped that the conference would generate specific suggestions for realistic changes in psychology training programs to respond to Asian American needs. Initially, the goal was to write a monograph or report of the conference to send to training programs, students, professional organizations, mental health agencies, interested community individuals, etc. The monograph would inform readers of Asian American concerns and offer recommendations for responsive training programs. A secondary, but nevertheless, important function on the conference was to acquaint participants with the perspectives and viewpoints of others. For Asian American psychologists, there have been really no opportunities to meet each other and to systematically develop communication networks, collaborative efforts, and exchange of ideas that are vital in any attempts to serve particular communities. Having meetings at psychology conventions often draw too few participants due to the small population of Asian American psychologists. The conference, then, would allow interactions between individuals with similar interests but with little familiarity of each other.

Format and Agenda

What could be meaningfully accomplished by 45 or so participants at a three day conference? With so many important issues facing Asian American psychologists and communities, the conference could

move in several different directions. As a means of presenting issues, stimulating thoughts and ideas, and of generating recommendations, Stanley Sue and Robert Chin wrote a preconference paper entitled "The Training of Asian American Psychologists" (see Appendix A). The paper was distributed to Conference participants about a month before the conference date. It was *not* intended to restrict issues, to define directions for training, or to be representative of Asian American views. Rather, the paper was to act as a stimulus for discussion and as a source which documented specific concerns. Several major areas were covered in the paper:

1. The number of Asian American psychologists and an estimate of the supply of psychologists serving Asian Americans.
2. The mental health needs of Asian Americans and the resources available to handle these needs.
3. Justification of special efforts to recruit and train Asian American psychologists.
4. The kinds of new roles that could be adopted by Asian American psychologists and various training models discussed at the Austin and Vail Conferences.
5. The kind of product (researcher, professional, community advocate, etc.) that would be desirable.
6. The type of training needed to develop the product.
7. Recommendations for realistic changes in training programs

In addition to the preconference paper, participants were asked to distribute to others brief reports of their experiences, work, or plans that would have some relevance for the training of Asian American psychologists.

In terms of an agenda, plans were made to have brief introductory presentations, introduction of participants, and group sessions. The group sessions formed the major bulk of the three days. Participants were divided into small groups to discuss specific issues and concerns. Each group would then report on its particular activities and recommendations to the entire group. Although issues and topics for the small groups were specified in advance, the ultimate decision for group activities would be left to the participants.

Selection of Participants

The most difficult task was in the selection of participants. Because of budgetary considerations and the desire to keep the number of participants small enough for intensive face-to-face interactions, it was impossible to invite many well qualified persons. Many individuals, responding to announcements of the Conference in the *AAAP Newsletters*, wrote to indicate their interest in the Conference. Only a few could be invited. Furthermore, the diversity of Asian American groups, interests, and backgrounds meant that representation of all interests was simply impossible. The concept of Asian American covers groups such as Chinese, Japanese, Koreans, Pilipinos, Samoans, and Vietnamese (to name a few). Some decision had to be made in the experiences and roles of participants: University faculty, graduate students, community leaders, practitioners, consumers, administrators, etc. Finally, Asian Americans differed in age, geographic location, overseas background, bilingual facility, sex, value orientations, experience with Asian Americans, etc. Based upon their experiences and potential contribution to the Conference, subjective judgments were made and about 40 individuals were invited to participate. As discussed later, the selection of participants proved to be a major point of criticism from some participants. Appendix B provides a list of the participants.

Conference Site

The Conference was held at California State University, Long Beach. Dr. Albert H. Yee, an AAAP Advisory Board member and Dean of Graduate Studies and Research at the University, had offered AAAP full use of his Center's conference facilities and made arrangements for cafeteria meals, dormitory or hotel rooms, transportation, duplicating services, etc., at a substantial financial saving. The use of the University facilities allowed the Conference to be held on the West Coast (where a high proportion of Asian Americans reside) at a reduced cost with the generous assistance of Dr. Yee and his Center.

Conference Activities and Proceedings

The Conference was formally convened on July 29, 1976. After opening addresses by Albert Yee, Stanley Sue, and Robert Chin, participants were encouraged to become acquainted with each other. Several issues were immediately raised by a few participants and to reflect these activities during the conference, it may be wise to cover two areas: process and content. Process refers to the way activities occurred (i.e., the issue of how events happened) while content is concerned with the substantive outcome (i.e., the issue of what happened or the products that emerged). For convenience, this distinction between process and content is maintained.

Process

As mentioned earlier, approximately 45 persons participated at the Conference. Nearly all of the participants were psychologists or psychology students. Although a high proportion of the participants were from the West Coast, there was a cross-section of the nation. Chinese, Japanese, Korean, Pilipino, and Viet-

namese attended. Most participants were associated with colleges and universities although practitioners, researchers, and administrators were also present.

The procedure for setting off the process was to have participants cluster around signs posted around the room to meet others of similar views and to express similarities and differences among the participants.

The diversity and differing orientations of participants meant several things. First, some time had to be spent in getting acquainted with one another. Many participants were aware of the work of others but had never met face to face. Second, many different viewpoints and perspectives were expressed. It was difficult to find any unanimity on some issues and many individuals felt that they represented different constituencies with different needs, priorities, and interests. Finally, some participants raised some strong objections. They felt that (1) too many academicians were represented, (2) participants should have included other mental health workers (i.e., non-psychologists), and (3) Asian American communities should have had greater input in the selection of participants. A few individuals, who were not at the Conference, had written letters to protest these three points. One participant strongly related his belief that there was a growing trend toward elitism as reflected in the large number of academicians at the Conference, the lack of community involvement in the approval of whatever recommendations that would be made, and the need to challenge traditional theories, approaches, and methods in psychology. Stanley Sue explained that in many ways the selection process could not be defended and that difficult decisions had to be made. He indicated that AAAP had decided to allow autonomy for the organizers of the Conference to initiate its plans for the Conference. In addition, while the needs of Asian Americans required interdisciplinary approaches, the Conference was sponsored by the Psychology Training Branch of NIMH and the primary goal was to affect changes in college and university graduate psychology programs. A great deal of discussion and debate revolved around these three issues. Although there was no resolution possible, all participants became quite sensitized to the three concerns and generally agreed that more community input should be sought since the Conference was relevant to the needs and resources of Asian American communities. There was also agreement that the Conference should proceed as planned, despite some feelings of dissatisfaction.

During the entire Conference, participants had to grapple with strong mixed emotions and conflicts. These conflicts arose over several issues.

First, with the large number of university faculty and university-related individuals at the Conference, some participants felt that the interests of nonacademicians would not be represented. Individuals in service agencies and those working in Asian American communities indicated that academicians had historically ignored the interests of community individuals, conducted research that had no applied value, and exploited subjects in their research. All participants wanted to better integrate the work of academicians and community mental health workers but in attempting to move toward an integration, different groups had to engage in self-examinations, struggles to understand others, and direct confrontation. The underlying issue might be well expressed as (1) the identification of personal and institutional changes needed to have psychology serve the people more and (2) the input and control over these changes which should be by the communities and their representatives and not solely by universities or even service agencies. Second, many participants realized that training issues were vitally important and yet felt a high degree of uncertainty. They were being asked to examine directions for the training of Asian American psychologists with no precedents on which to base their views, and with unclear channels by which the influence is to be wielded. Indeed, most of them felt that current training programs were not responding to Asian Americans; yet they had themselves been trained in such programs. Some were angry that greater attention had not been paid to Asian Americans and now they had to start "from scratch" in making recommendations. Third, the issue arose over the audiences to which the Conference would be addressed. Some participants felt that the audience should be Asian Americans; others wanted to communicate with psychologists, training programs, and funding sources; still others felt that the message of the Conference should be directed to as many audiences as possible. The controversy over the audience addressed arose since the Conference could conceivably serve one audience and not another. For example, to secure funds or to influence training programs, it might be better to make strong recommendations with little dissension. On the other hand, the appearance of unanimity would violate the reality of Asian American communities which show diverse viewpoints and concerns. One could then have a situation in which short term interests (i.e., making strong recommendations and possibly seeing changes in training programs) are realized at the expense of long term goals (e.g., action on the recommendations that are premature or are later substituted by better recommendations). The general decision was to convey to all audiences the issues confronting the Conference and the struggle and learning experience that participants were involved in. Finally, the issues involving Asian American psychologists include those of psychology as a whole. Thus the Conference was addressing issues that bedevil psychology as a profession.

Content

Three kinds of products emerged from the Conference. The first was the accounts of personal experiences, of novel training programs, and of other issues that participants presented. The second was the frameworks and paradigms used to analyze the issues and problems. The third was the substantive recommendations generated by the group interactions.

Individual Accounts

All participants were asked to prepare brief statements of their activities and concerns. These statements were intended to (1) inform participants of each other's concerns and activities, (2) stimulate ideas that might be used for making recommendations on the training of Asian American psychologists, and (3) better understand experiences that Asian Americans have and the potential problems encountered in training. A few selected statements are summarized as follows:

1. One school psychologist felt that graduate programs have been administered and taught by instructors who are too far removed from the realities of minority group communities, particularly Asian American ones. This was evident in her field supervision of students who are enrolled in university field work courses. As field supervisor, there was little contact with the instructor of the course. Training, then, should be a coordinated and involved process for all concerned.

2. A graduate student observed that there are very few practicum field placements for Asian American students. He suggested that special field training sites or agencies for Asian Americans wanting to work with their own communities be developed and that national guidelines for such specialized agencies be developed.

3. One practitioner raised a series of interesting and important issues. He felt that more Asian American students had to be recruited to meet the needs of Asian Americans. Further, there was a substantial lack of Asian American faculty who could attract, inspire, and train Asian American psychologists into roles of researcher, practitioner, or community worker. Students should receive training that is basic to their roles as psychologists but also that is unique to roles as *Asian American* psychologists. In view of the paucity of Asian American instructors and field supervisors and the relatively small numbers of Asian American population centers, it may be wise to organize one or two mental health training centers for Asian Americans. The clinical practitioner may have to develop bilingual facility because of the larger numbers of non-English speaking Asians in this country. Furthermore, training to work with one Asian (e.g. Chinese) group may not be applicable to working with another (e.g. Korean).

4. A faculty member who taught undergraduates was disappointed to see only a few courses offered by California universities on psychology and Asian Americans. He was concerned with the lack of psychologists in Asian American programs and the disorganized state of research materials. He suggested that an information and resource pool be organized and that a speaker's pool be created, perhaps by AAAP, to better reach students.

5. One university administrator related some personal experiences of how his career choice in psychology was influenced by limited job opportunities for "orientals" during the 1940's. Initially skeptical over ethnic organizations, he has now become involved in AAAP since it is addressing itself to some relevant problems.

6. Another university faculty described her activities to train interpersonal skills needed in psychotherapy or counseling. Combining didactic and experiential aspects, the course uses GAIT (Group Assessment of Interpersonal Traits) and the "bicultural contextualizer" model of clinical training for culturally related counseling. The unique as well as the common issues in interpersonal skills for minority and white students are examined in the model.

7. One faculty member felt that one important issue faced by all students is due process in student evaluations. He explained how his clinical psychology program had made some major progress to ensure fair play in evaluations.

8. Several graduate students indicated that in order to reduce feelings of isolation (because of the small number of Asian American psychology students), they organized the Coalition for Asian Mental Health in the Southern California area. The Coalition is an autonomous, student initiated and directed group. While its members currently consist of psychology graduate students attending Los Angeles area colleges and universities, they have been interested in diversifying and strengthening its membership and have encouraged participation of interested individuals, regardless of background. The Coalition has created its own communication networks and has planned several projects, including an Asian American mental health symposium.

9. Dr. Stanley Schneider discussed the nature of psychology training programs in NIMH and their relevance for minority groups in general and Asian Americans in particular.

10. Dr. Dalmas Taylor explained the APA Minority Fellowship Program funded jointly by NIMH and APA. The Fellowship Program is designed to enhance minority participation in psychology by increasing the supply of doctorally trained psychologists whose interests lie in the area of racial and ethnic minority issues. This is accomplished by providing fellowships

for deserving graduate students. In addition, the Minority Fellowship Program develops information and specific techniques that could be employed by universities to attract and retain minority students, informs undergraduates on opportunities for graduate education and employment, and evaluates the effectiveness of graduate education in relation to minorities.

These are but a few examples of the concerns, interests, and experiences that the participants related to each other. They were discussed throughout the Conference.

The bulk of the Conference activities revolved around the small group sessions and the recommendations accepted by the entire group of participants. Because participants wanted to have input into the goals of the Conference, the small group sessions were devoted to (1) defining what kinds of products should emerge from the Conference and (2) the substantive recommendations for the training of Asian American psychologists. The first task of the small group session involved the specification of issues, goals, and products for the Conference. Because of the diversity of ideas expressed, only a listing of issues, goals, and products are provided:

Issues

1. What are the relationships between community mental health facilities, the various communities, and the universities in the training of psychologists?

2. What is the process involved in linking community input to training issues?

3. How can training be influenced by a greater understanding of the diversity and commonalities of Asian American communities?

4. What is meant by the term "community?"

5. Is there a distinction between training for Asian American psychologists and training to serve Asian Americans?

6. What is the ideal Asian American psychologist?

7. Can the obstacles to training such psychologists be identified?

8. Are there currently any Asian American psychology training programs that could serve as models?

9. To what extent does political pressure govern or dictate the training of Asian American psychologists?

10. Can policies and legislation relevant to training be identified and influenced?

11. How can the Association of Asian American Psychologists use greater influence in the development of mental health services for Asian Americans?

12. What is the impact of foreign born psychologists?

Goals of the Conference

1. Help strengthen the Association of Asian American Psychologists (AAAP) and develop political effectiveness.

2. Develop recommendations for organizing AAAP into a more productive organization for integrating and conceptualizing Asian American issues.

3. Creation of a stronger working relationship between AAAP and other organizations such as the American Psychological Association.

4. Develop networks and linkage with other mental health disciplines and interdisciplinary approaches to service delivery.

5. Make recommendations for community involvement in training.

6. Establish a vehicle for obtaining linkage to other minority/ethnic groups via AAAP task forces.

7. Develop continuity of the Conference group with community participation via AAAP.

8. Coordinate greater involvement with other appropriate Asian American mental health/social service organizations.

9. Develop viable models of training bearing in mind the questions of "training for what kinds of roles and in what settings with what target groups?"

10. Establish standards for training.

11. Consider the development of Asian American psychology training centers.

12. Identify possible funding sources for training.

13. Focus on the Sue and Chin preconference paper and some of its ideas and recommendations.

14. Examine issues of recruitment, curriculum, enrollment, internship or practicum experiences, licensing, and staffing of training programs.

15. Define the role of community workers to consumers regarding training.

16. Identify means of affecting change in institutional policies with respect to service delivery.

17. Develop ideological frameworks to build greater unity among Asian American psychologists and present policy statements with respect to current trends within training programs (e.g. affirmative action).

18. Enhance recognition of Asian Americans as a minority group among academicians and others.

19. Develop criteria for measuring training outcome.

20. Engage in research that helps to identify effective skills and methods that meet the needs of Asian Americans.

21. Engage in research that identifies Asian American needs.

Products

1. Write Conference report that will identify problems and issues and recommendations for dealing with them.

2. A report of the life experiences of some Conference participants with respect to training and career development.

3. Guidelines for community involvement, for changes in existing training programs, and for the role of psychology.

4. A report of the issues, process, plan of action, and recommendations of the Conference.

5. A report to include issues raised by the San Francisco Bay Area letters.

6. An accurate mailing list of Asian American psychologists, a resource center that could collect copies of training model descriptions, and a coordinating committee for future activities in training issues.

As can be seen in the long and diverse topics covered in defining issues, goals, and products, participants did raise so many issues that it was impossible to deal with more than a handful in depth. Immediately after the small group sessions on these topics, group recommendations were presented, discussed, and advocated.

Frameworks of Analysis and Discussion

An important part of the Conference for the participants and their discussion was the problem of sharing frameworks of analysis used explicitly and implicitly. The identification of issues, goals, products, and recommendations by individuals was within the contexual setting of some assumed framework. The identification of these frameworks was done from time to time in the discussions. In this section, we shall isolate some of these, and at times go beyond what was actually said or recorded to report the informal discussions and to infer that which was operating from what was said.

It should be noted that major attention was paid to training for service to the broadly defined mental health issues affecting Asian American communities and persons. Identifying and judging the needed research and evaluation research topics and training for these topics were seen as appropriate for a later conference.

The dominant framework of analysis in the Conference's discussions assumed cultural and linguistic differences in Asian Americans vis a vis the larger society, in mental health problems, in the means of resolving these problems, and in the training of Asian American psychologists for coping with these differences. At times, there was the heuristic assumption of a general Asian American psychology and/or of various separate Asian American cultural communities. The reactions of the dominant Caucasian culture or socio-economic class are rooted in racism (particularly institutional racism), prejudice, and discrimination. Economic issues and class-political issues were also identified. For some conferees, these factors were seen as primary causes, while for others, these were seen as contributory factors.

Early sensitization, recruitment, selection, and training programs for psychologists and Asian American psychologists were the confronting realities around which the specific issues were clustered. Analysis of the institutional forces in universities, agencies, funding sources, and training centers were considered to be subservient to the analysis of directions desired by the Asian American psychologists.

Other frameworks employed from time to time and from person to person, both formally and informally, were: advocacy organization of Asian American psychologists; the political setting of mental health issues; the organizational-administrative contexts of the total system in the United States including the federal, state, local governmental units and the recipient agencies; the collaborative nature of team and multidisciplinary and multi-professional relations of psychology, psychiatry, social work, nursing, economics, etc., with Asian and Asian American studies on campuses; and the emergence and development of indigenous community leaderships and power systems.

Substantive Recommendations for the Training of Asian American Psychologists

To fully appreciate the substantive recommendations approved by Conference participants, it is necessary to reiterate the concerns and problems that many Asian American psychologists have. (*Further discussion of these concerns and problems appear in Appendix A.)* First, there is a shortage of psychologists who serve Asian Americans. Many Asian psychologists are foreign born and return to their countries after receiving their doctorates in the United States. Many Asian American psychologists are in career fields that are not service oriented or if they are in service oriented fields, these psychologists may have little contact with Asian Americans. Furthermore, the survey by Padilla, Wagner, & Boxley (1973) indicated that Asian American faculty totalled only seven in doctoral clinical programs (see Appendix A). Thus there is not only a shortage of service oriented psychologists for Asian Americans but also of academic psychologists who could act as role models and advocates for Asian Americans.

Concern with the number of Asian American psychologists would not be great unless it could be demon-

strated that there is a high need for psychological services. Most researchers and practitioners agree that mental health needs have been underestimated. Asian Americans experience racism, society's failure to facilitate the development of culturally different groups, and the rapidity and turbulence of social change. These factors undoubtedly affect psychological well being. Furthermore, existing mental health services are often unresponsive to Asian Americans. The lack of bilingual therapists, the culture-and class-limited orientation of therapists, and the structure of the delivery system discourage utilization of these services.

There is definitely a need to train more psychologists to work with Asian Americans in a culturally responsive manner. In addition, researchers are needed who understand the cultural background of their groups and who can develop sensitive measuring instruments, methodologies, and theories. All of these points suggest special recruitment and training procedures. The following are the recommendations advocated by the Conference:

Types of Psychologists Needed

Without directly specifying a narrow range of sufficient skills that psychologists should have in working with Asian Americans, the Conference did recommend important or necessary skills.

1) Psychologists should be sensitive to cultural differences of, and among, Asian American groups. Not only do Asian Americans differ from other Americans but they also exhibit differences according to the particular Asian American group being considered.

2) Psychologists engaged in psychotherapy or intervention with one Asian American group must realize that materials and strategies used with that group may be inappropriate for other Asian American groups.

3) Psychologists and psychology students should critically examine the applicability of traditional models of psychotherapy and intervention with Asian Americans. There must be continued exploration into alternative models for use with Asian Americans. Training programs should facilitate this examination and exploration in students.

4) Particularly for native-born Asian Americans, emphasis should be placed upon acquiring or strengthening their primary Asian languages. Many Asian American mental health workers conduct psychotherapy or attempt other working relationships in English, despite the fact that the clientele may be primarily versed in an Asian language rather than English. Psychotherapy, as a verbal modality, necessarily requires that the participants involved (e.g. client and therapist) share fairly common or congruent cultural values and social class backgrounds, and the therapeutic process is facilitated by sharing a common language where participants can be understood as unambiguously as possible. Without language commonality, idiosyncratic and cultural nuances and values cannot be adequately understood. In effect, conveyance of meaning is compromised. Such situations are often seen in relationships between an Asian speaking client and a therapist who is a native-born Asian American or is a Caucasian. In addition, the match between client and therapist in social class, culture, personality, and the psychohistorical experiences is important.

5) To meet the needs of Asian Americans, it is important to have a wide range of skills and competencies rather than to simply have more Asian American therapists involved in individual psychotherapy. Training should include exposure to different areas within psychology (e.g., clinical, social, community, developmental) as well as interdisciplinary fields.

Training

There was general agreement that current psychology training programs provide no training specific to working with Asian Americans. While many minority group psychologists at the Vail Conference expressed dissatisfaction with training, it should be noted that whenever programs devote some aspect of training relevant to minority groups, the focus is invariably upon non-Asian American ethnic groups. The general feeling was that opportunities to receive training in academic experiences (e.g. curriculum) and field experiences (e.g. internships, traineeships, or clerkships) were vital in order to fulfill roles as Asian American professionals, researchers, and teachers. The issue was over the mechanics of training: How could Asian American training opportunities be increased considering the fact that the Asian American population is small compared to those of Blacks and the Spanish speaking/surnamed individuals? That is, if training opportunities are inadequate for other minority groups, then this would especially be true in the case of Asian Americans who comprise a small population.

Three levels (not mutually exclusive) of training could be examined. The first is the wide range of skills and competencies basic to that of a psychologist. Depending upon the type of psychologist, the skills and competencies are in psychological knowledge, teaching, research, interpersonal or clinical and community areas, etc. The second level involves exposure and experience in minority group affairs. Cross-cultural influences, societal racism, oppression and exploitation, contributions of various ethnic groups, etc. would be relevant to this second level. The third level, and the one that was given the most attention at the Conference, was concerned with training opportunities in Asian American communities. While not denying the importance the basic skills as a psychol-

ogist and experience in general minority group affairs, the Conference participants felt that the third level needed the most examination. A series of recommendations were made to increase training opportunities in Asian American communities.

6) It would not be realistic to expect all graduate training programs to offer direct experiences with Asian Americans. However, opportunities for students should be available. One or more training centers for those committed to working in Asian American communities should be established. The center would be located in an area with a fairly large Asian American population and would allow psychology students from throughout the nation to gain experience in working with Asian Americans. A week long planning session of "doers" and "conceptualizers" should be called in order to form a center and to develop guidelines for its program of training. Several considerations are important. First, students are selected for training in the center only after they have committed themselves to working in a career with Asian Americans. Such training may occur during the summer so that students can have their university or college's regular program. Staff for the center would be selected on the basis of expertise in meeting the designated curricula that include concepts specific to Asian Americans. The training would help develop intellectual and scholarly growth and clinical, community, and interdisciplinary skills in roles of teacher, researcher, practitioner, community organizer, etc.

7) An Asian American psychology training center should provide an interdisciplinary holistic approach in areas such as law, clinical and social psychology, psychiatry, social work, non-professional perspectives, folk healing methods, etc. Bilingual and bicultural training for trainee and trainers (e.g. certain staff who show deficiences in some areas) is vital. Current as well as historical perspectives on the development and maintenance of Asian American communities and groups should be included as a means of understanding the context of social, psychological, economic, and political problems of Asian Americans. It was noted that training centers primarily for Asian American social workers have been established in California. The possibility of collaborating or of integrating with these established centers was raised, although no specific recommendations were made on this issue.

8) More Asian American students should be encouraged into Asian American training programs in order to facilitate their awareness of Asian American concerns and to work in a relevant supportive, intellectual, and experiential climate toward the conceptualization of an "Asian American psychology." While psychologists do not have clear notions of what "Asian American psychology" is, many feel that Western views of human behavior, emotions, cognition, and treatment are culture-bound rather than universal and that an opportunity to articulate and develop other perspectives should be available.

Other recommendations for training included the advocacy of particular training aspects.

9) If educational institutions are to respond to Asian American undergraduate students, curriculum on Asian Americans should be made more available. Asian American students often find the courses exciting, relevant to their concerns, and facilitative of their personal adjustment. Non-Asian American students who take these courses frequently express how beneficial they are.

10) If educational institutions are to respond to graduate students, Asian American curriculum must supplement traditional programs in psychology by providing an ethnic perspective.

11) For clinical psychology students, sensitivity to cultural differences and cross-cultural therapy may be enhanced by depicting to students culturally aware and sensitive versus culturally unaware and insensitive therapists. Models of clinical training based on this assessment and distinction need to be developed and utilized. It is vital to understand the cultural values of the client and the cultural context of the problem.

12) In order to facilitate the collection and dissemination to training programs of resource materials, information on community projects, research activities, and conceptual models on Asian Americans, the Association of Asian American Psychologists should foster an information bank.

13) It is important to build into graduate or professional training some mechanism for enhancing Asian American psychologists' sensitivity to awareness of their impact on mainstream society. The issue here is how to sensitize, train, or interest those Asian American psychologists not working with Asian Americans to assume roles that will also have a beneficial impact on Asian Americans.

Other Recommendations

A series of other diverse recommendations were advocated by the Conference.

14) A "feeder" system should be devised in which students who have interests in and awareness of Asian American issues can be directed into relevant training programs.

15) Funding programs for graduate training must demonstrate local community coordination and use of community resources.

16) Funding sources for training, services, research, etc. external and/or in addition to NIMH funds must be developed.

17) Research must be pursued in examining which

psychotherapeutic approaches and techniques are effective and ineffective for Asian Americans and why such approaches have these effects (i.e., process and outcome research).

18) A cross-national study on the consequences of English language facility among some immigrants and even second and third generation Asians should be conducted. The specific focus would be upon the consequences of immigrancy and of particular backgrounds. The documentation of such experiences should be a means of sensitizing mental health trainees. It is important to train bilingual skills in trainees and English skills in immigrants and their respective spouses.

19) Group therapy techniques may be developed by modifying traditional therapy models through information from community folks and community workers.

20) Post doctoral training or continuing education programs must be provided in order to develop special competencies for work in particular Asian American communities and particular areas of concentration.

21) Adequate guidelines of competence for Asian and non-Asian psychologists to delivery services, treatment, etc., to Asian Americans must be developed. These guidelines would be in the areas of training (e.g. curriculum and practicum experiences), accreditation, and licensing of psychologists. Asian American as well as other minority psychologists should have input into these three areas.

Reflections

There were no attempts to prioritize the recommendations which were seen as initial steps in examining the training of Asian American psychologists. After making the recommendations, participants stressed the fact that Asian American needs and concerns have been ignored so long that it was agonizing to engage in the horrendous task of making recommendations for the training of Asian American psychologists. From this perspective, the recommendations were incomplete, somewhat disorganized, and not clearly thought through. Therefore, feelings of frustration and dissatisfaction ran high. Participants had an unsettling sense of incompleteness and of unfinished business. On the other hand, there was a genuine sense of excitement at the Conference. Participants formed meaningful relationships, developed communication networks, and were forced to engage in self-examination and critique of their perspectives in relation to Asian American issues and psychology training. Nearly all of the participants felt that the Conference was meaningful but that an immense amount of work, financial support, involvement of the Asian American communities, and changes in current programs were necessary.

Appendix A:

The Training of Asian American Psychologists

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and

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This Asian American Psychology Training Conference marks the first time that a group of concerned psychologists, psychology students, and other related professionals have the opportunity to discuss, critically examine, and develop effective strategies for the training of psychologists interested in *practice and research with Asian Americans*. The field of clinical or community psychology has had conferences to develop training models (such as the Boulder Conference of 1949, the Swampscott Conference of 1965, the Vail Conference of 1974, the Austin Conference of 1975, etc.). The relationship and relevance of these training models for Asian American psychologists are unclear. At least, they provide the ground from which there is differentiated the figure of Asian American training models and the strategies of accomplishing the desired future. Indeed, the Vail Conference indicated the dissatisfaction of minority groups with the traditional direction of training. What is clear is that as Asian Americans we have little precedence from which to base our efforts at this Conference. We are gathering some examples of programs and activities in training other minorities so as to have a body of concrete materials for analysis and evaluation. More will be collected by the end of the Conference.

The purpose of this preconference paper must be stated from the very outset. It is *not* intended to restrict issues, to define directions for training, or to be representative of Asian American views. These are matters that can be explored by Conference participants. Nevertheless, we offer this preconference paper as a means to (1) present issues and examples, (2) stimulate other thoughts and ideas, and (3) generate further substantive recommendations for responsive changes in psychology training programs. A final report with recommendations will be prepared after the Conference. The ideas expressed represent our own assessment of issues and we have provided only a brief glimpse of the complex issues. This paper should be viewed as a "stimulus" rather than a "response." We acknowledge the unevenness of our analysis and the incompleteness of the recommendations. It is our belief that the outcome of this Conference should be considered as a first but important step in focusing the training of Asian American psychologists. We also recognize the importance in eventually developing training models that encompass different disciplines such as psychiatry, social work, etc. However, it seems wise to "clear up" our own profession before coming up with an integrative effort.

An Overview

This paper examines a series of related and important questions:

1. How many Asian American psychologists are there?
2. What are the needs and resources of Asian Americans that would dictate an increase in the number and special training of Asian American psychologists? Will there be jobs available for these psychologists?
3. If more Asian American psychologists are needed, how can recruitment and support of students be facilitated?
4. What kinds of skills are needed to be effective Asian American psychologists?
5. What kinds of general training models should and can be applied to Asian American psychologists as effective researchers and practitioners?
6. How can we affect realistic changes in current training programs to respond to Asian Americans?
7. What kinds of recommendations can we generate?

Each of these questions are extremely complex and can be further subdivided into many other issues and concerns. In most cases, we simply lack enough data with which to provide much more than speculation and value judgments. There is some knowledge of current training programs and a growing body of

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knowledge on Asian Americans. The task is to integrate both into responsive programs of training. Finally, it should be noted that we have not addressed ourselves to the important matter of diversity among Asian American groups. This issue ought to be quite prominent throughout this paper.

Any analysis of training programs to serve Asian American communities and persons strikes at radical, i.e., root issues, psychology: Clinical vs. community psychology; individual therapy vs. group or community treatment; therapy vs. re-education; illness vs. fitness definitions of mental health; insight vs. behavioral therapy; medical models vs. whatever-else models; consultation vs. direct service; intervention-interruption-diversionary vs. fundamental socio-economic-cultural change programs; individual vs. psychological press of social factors; individual differences of personality vs. situational-conditional; personal change vs. social change; victim vs. oppressor analysis; generic dynamics vs. problems approaches (aging, identity, alcoholism, drug abuse, unemployment, delinquency, etc.); basic vs. applied theory of intervention and planned change; research vs. evaluation research; and psychology vs. Asian American psychology (or any group and minority group). The listing of these issues, and there are others, is intended to acknowledge the possible divisiveness of these questions at the Conference. Can we find sufficient common grounds for our recommendations?

While Asian American psychology has not yet proven to be a special "field," there are noticeable differences from psychology as a whole which affect successful delivery of helpful services and usable research for Asian American communities and individuals. Much of the current work, over and beyond rhetoric, is in demonstrating (the widely accepted assumptions, and thus dismissed as insignificant for a separate psychology) Asian and Asian American cultural differences. These differences are variations which increase or decrease the relative *degree* of importance of the impact of such variables as family structure, shame and guilt, affect expression and interpersonal relations, oedipal and authority relations, and aggression and hostility management. Also, we can locate differences in access to services, treatment modes, anxiety symptoms, distress signals, and preferred models of coping. The factual demonstration of these Asian and Asian American cultural differences while important and necessary is not sufficient for establishing or claiming a separate field of Asian American psychology. More *qualitative* difference and theoretical models are needed. The research and theory, the American Studies approach—studying the environmental setting for Asian Americans, the impact of racism and the structure of American society as determinants of mental health, and the modes of improving, do intersect and interact with the Asian and cultural differences approach. Perhaps in these interactions, we do have the possibility of forging a field called Asian American psychology in programs and in conceptual theory. This task is still in front of us.

We take the position that the Conference does not have to "solve" or "argue" the issues of the state of the field of psychology and Asian American psychology, to justify the purpose and to reach responsible outcomes in the Conference. We propose to accept the view that there is a possible field or discipline of Asian American psychology for heuristic purposes of the Conference.

A full scale justification for attention to Asian American persons and communities by psychologists must include these points. (For brevity, we list these without a full presentation.)

1. The population of Asian Americans and Asians in America will increase even though at present it is relatively small in number because of racist federal laws of immigration (naturalization rights were only granted after World War II; entrance to U.S. was by race not by country). In the near future, the largest proportion of all immigrants added to U.S. population will be Asian. Koreans, Chinese, Pilipino mainlanders, Samoans, Thais, Pakistanis, Indians, Vietnamese, and immigrants from other Asian countries will each increase dramatically in number. The Japanese American population will increase slightly.

2. The Asian Americans and Asian immigrants will continue to be a sharply differentiated bi-modal distribution. One mode is a highly visible professional group which is deemed "successful" and a much larger group on the other end of the distribution which is deemed to be unsuccessful. The visibility of the latter group will increase in social and personal pathology, statistics, and urban problems.

3. The visibility of Asian Americans will be due to physical-biological features, names, and occupational segregation (e.g., 30% of all Chinese Americans are dependent upon the Chinese restaurant business, it is estimated).

4. Racism and racist attitudes towards Asian Americans are present and can become more virulent under tensions of job scarcity, inner city competitions, and international hostilities.

5. There is a vitality and community strength in the Asian American communities. These communities are based on a core territory with a widely dispersed group geographically but forming a community. (Chinatown is a place as an equivalent to a county seat providing cohesion, unique commercial and community services, and a strong psychological function.)

6. Asian cultures have been relatively intact for long periods. Culturally based modes of relating to mental

illness, psychosomatic disorders, and modes of classifying, categorizing, and managing the "ill" have much to contribute to the limited family of approaches in the western tradition. Successful folk culture has had its own ways of categorizing, diagnosing, and treating many of the same range of problems now encountered by the professionals. For example, health and mental health, body-mind problems, food, nutriment, and drugs are conceptualized in different ways and the internal modes of "treatment" pose useful questions to tackle.

7. Foresight and prudence demands we prepare to avoid problems that are beginning and will increase. Social science and interdisciplinary fields must play a significant part in the future to mitigate, indeed, prevent the trends before they become unmanageable social problems.

8. Melting pot ideologies of America are being eroded by many forces. The culture, language, and personal identity of Asian Americans in America is one of the battlegrounds for developing pluralism and multi-culturalism in America.

9. The full development of the potential contributions of Asian American individuals, their culture, ways of life, and world view to American civilization and its ways of life and value systems need fostering and the assistance of the best of social science knowledge and practice. The psychologists' contributions are not restricted to social and psychological models of "trouble." Releasing and facilitating the actualizable contributions are also part of the role of the Psychologist in relation to Asian Americans.

Number of Asian American Psychologists

How many Chinese, Japanese, Korean, Pilipino, etc., psychologists are there? What proportions are serving in academic or professional careers? How many are serving Asian Americans? How many Asians are foreign citizens who return to their countries after receiving an advanced psychology degree? Are there Asians who obtained degrees in other countries but who are residing in the United States? We simply cannot provide clear answers to these questions. Data are lacking, for the most part, methodological problems exist in the available data, and available results appear contradictory. Interestingly, the Carnegie Council (1975) has indicated that among doctorate degrees awarded in all fields in 1973, Asian ancestry individuals accounted for 61% of all minority group recipients. However, among these Asian individuals, only 13% were American citizens! Asian *Americans* accounted for 1.1% of all Ph.D.'s awarded in the total population. If these statistics are applicable to psychology and if noncitizens leave this country after receiving their doctorate, then the loss of Asian psychologists as a resource is substantial. We have selected four major areas of research with which to assess the issue of the present numbers of Asian American psychologists.

The AAP Survey

When the Association of Asian American Psychologists (AAAP) was formed, two psychology graduate students, Davis Ja and Rod Kazama, undertook the immense task of surveying the 1970 APA Directory for Asian American surnames. By visually identifying Asian "sounding" names, it was hoped that a rough estimate could be obtained. Such a procedure obviously has weaknesses. Atypical sounding Asian names would be overlooked; non-Chinese, -Japanese, and -Korean Asian groups such as Pilipinos, Samoans, etc., would be largely excluded (not to mention East Asian groups); overcounting could occur particularly with names such as "Lee" and "Young" which could be Chinese or non Asian names; psychologists not members of APA (or who were members but failed to be in the Directory) would be overlooked, and it is unclear whether Asian Americans have a greater or lower propensity to join APA than non Asian Americans. However, the vast majority of Asian American psychologists are probably Chinese and Japanese. In any event, Ja and Kazama identified about 170 names judged to be Chinese, Japanese, Korean or other Asian surnames. This represented about 0.6% of the total APA Directoryship. If we examine the proportion of Chinese, Japanese, and Koreans in this country as estimated by the 1970 Census, the figure is 0.5%. (This Census estimate is probably underestimated since Asian Americans are generally undercounted in Census statistics and since then, a very large immigration of Asians to this country occurred.) It should also be noted that the base rates for Asian Americans and for Asian American psychologists are so relatively low that errors of one kind or another could drastically alter the results. Findings suggested a fairly equal representation of Asian American psychologists in APA.

Indirect Analyses

For many years, Asian Americans have speculated that they are under-represented in the social sciences which include psychology. One method of examining this statement is to look at the interest patterns and career choices of Asian American college students. One study focused on male Chinese and Japanese (American born) students at the University of California (Sue & Frank, 1973). In contrast to the general student body, Chinese and Japanese students were more likely to show interest patterns and career majors in nonsocial science fields such as engineering and in the sciences of chemistry, biology, and physics. While choices may seem to vary with individual interests, family influences, and subcultural values, the role of racism cannot be denied. Inability

to rise in social science careers, discrimination, and prejudice in social science fields that require a great deal of interpersonal interactions are also factors that limit professional choices (Sue & Frank, 1973). This again would imply an underrepresentation of Asian Americans in psychology. Finally, from all indications (U.S. DHEW, 1974), Chinese, Japanese, and Korean Americans have a higher proportion of college and advanced college graduates than the general population. If they select careers at random, one would expect an overrepresentation of these Asian Americans in psychology. From the above data, this does not appear to be the case.

APA Estimates

In the February, 1975 *APA Monitor*, the numbers of doctorates for various minority groups in psychology were estimated. The estimates were based upon individuals receiving doctorates in the social sciences and applying the percentage of social sciences doctorates in 1973 which were awarded in psychology to minority group data. To the extent that this method ignored differential interests among minorities and Caucasians in psychology versus nonpsychology social sciences, the estimates would be inappropriate. Results suggested that "Orientals" represented 4% of all psychology doctorates in 1973! In fact they constituted 56% of all doctorates awarded to minority groups. On the surface, then, Asian Americans would appear to be overrepresented in psychology. In 1972, APA (Boneau & Cuca, 1974) sent surveys to its total membership of 35,361 and to 10,785 nonAPA members who were eligible for APA membership. This latter group included individuals from other psychological societies and included graduate students. Return-response rates for the two samples were 77% and 74%, respectively. "Orientals" and Hawaiian-Polynesians constituted .8% of the members and 1.3% of the nonmembers. These figures would again suggest that Asian Americans as a group are not underrepresented. Three other interesting findings emerged. (1) About .9% of the members with doctorates were Asian American, indicating a slight overrepresentation of doctorates per members. (2) 77% of the doctorate members were male rather than female Asian Americans. (3) The median income of Asian American members appears lower than those of White, Black, Native American, Middle Eastern, East Indian, and other ethnic psychologists (i.e., the median income for Asian Americans was lower than for any other group listed!)

More recently, Willis (1976) presented data on the ethnicity of graduate students in 100 psychology departments with APA accredited clinical programs. Out of 12,053 students, 149 or 1.2% were Asian Americans while 296 or 2% were foreign students. The distinction between Asian American students and foreign students is important since a sizeable proportion of foreign students are probably from Asian countries. Surveys that do not separate Asian Americans from Asian foreign students would overestimate the proportion of Asian American students. (It is unclear whether data from the *APA Monitor* cited earlier included Asian foreign students with Asian American students.) In any case, there seems to be a slight overrepresentation of Asian Americans. Asian American faculty in these departments represented .7% of all faculty.

Survey of Padilla, Wagner, and Boxley (1973)

Padilla and his colleagues surveyed the number of faculty and students who were members of minority groups in all doctoral clinical psychology programs (94 responded out of 114). Thus the survey was limited to clinical programs awarding doctorates. The investigators found that (1) when Chinese (.16%), Japanese (.40%), and Pilipino (0%) faculty were combined, they constituted .56% ($n = 7$) of all faculty members of these programs in contrast to the estimated .67% of these ethnic groups in the U.S. population; (2) Chinese (.23%), Japanese (.27%), and Pilipino. (.02%) students totalled .52% ($n = 25$) of all graduate students; and (3) the student figure was 1.25% two years earlier. Disturbing is the fact that Pilipinos have no faculty members in these programs and that the total number of Asian American graduate students actually decreased from 1971 to 1973. In view of the previous findings regarding the statistical overrepresentation of Asian American psychologists from the *APA Monitor*, it seems likely that the vast majority of Asian or Asian American graduate students do not enter clinical psychology, preferring other areas of psychology. These students comprised only 7% of the minority students in 1972 and yet the *APA Monitor* revealed that 56% of all doctoral degrees to minority groups went to Asian or Asian Americans! Again, the base rates are so relatively low that errors or slight increases or decreases in absolute numbers would drastically alter percentage figures.

In view of the conflicting data, methodological differences, conceptual difficulties, and lack of better research designs, it is impossible to draw firm conclusions about the number of Asian American psychologists. Year-to-year fluctuations, inclusion or exclusion of Asian foreign students, sampling techniques, and consideration of whether data are based upon psychology or subareas of psychology (e.g., clinical) hinder the development of a clearer picture. In addition, the crucial question of how many Asian American psychologists are serving other Asian Americans is unknown. (1a) We recommend that better efforts be undertaken by APA and by psychology training programs to estimate the sex, precise ethnicity (Chinese, Pilipino, Samoan, etc.), citizenship status, interest, and career choices of Asian and Asian American psy-

chologists. (Recommendations are identified for convenience by numbers. No priority is implied by the order of numbering.) We feel that there is a shortage of psychologists who *serve* Asian Americans and recommend that training programs act affirmatively to recruit Asian American students who want to serve Asian Americans. Just as medical schools that attempt to affirmatively recruit individuals who can render health care in rural areas or as psychology programs that recruit Blacks, Hispanic groups, or Native Americans for work with their groups, these efforts must also be made with Asian Americans. Recognition of Asian American needs has been slow in coming.

(2a) We recommend admission requirements should be flexible enough to allow the entrance of Asian American students who have atypical background from other students. If these students show high potential and interest in serving Asian Americans, special recruitment efforts should be made. Heavy reliance on Graduate Record Examinations scores, especially on the verbal portion, may be a poor indicator of future performance and success. This does not mean that poorly qualified students who are likely to fail be indiscriminately admitted. Such a procedure would not be in the interest of Asian Americans or the psychology programs involved. Rather, the means to identify high potential students must be developed.

(2b) Special efforts must be made in the case of females and non-Chinese and -Japanese Americans. In addition, there are only a few Asian American faculty members. This means that Asian American students have little contact with faculty models that they can identify with ethnically.

(2c) More Asian American psychologists experienced in Asian American affairs need to be recruited as faculty and as internship supervisors. We must eliminate discrimination in the psychology profession in order to attract more Asian American students. Few faculty, researchers, field supervisors, service deliverers, and students preparing for these roles are found in clinical and community psychology which are the areas within psychology that are the most concerned with research and practice in the service of mental health. The shortage also becomes clearer when the needs of Asian Americans are examined. There is an upper limit of the number of people to be trained because of the future job shortage. No precise data are available. Yet, as in education, the professions and other fields, competition for scarce jobs must not be a barrier to the entrance of those qualified to render service uniquely. In acknowledging the reality of supply and jobs available, we must spread the responsibility to others to work as mental health agents, or whatever is a better term for these roles.

(2d) We recommend a program of training for persons to act as "mental health agents,"—counselors, advisors, and community leaders located in key areas. Asian persons in other branches of psychology, in social sciences, and in natural sciences such as faculty members, teachers, researchers, student counselors, community leaders, and caretakers should have programs of training in Asian American mental health concepts and techniques. These could derive from programs working to create relevant new styles of Asian American mental health approaches. The training for these "mental health agents" should be undertaken by a team of psychologists trained as trainers of adults. We intend to go beyond the programs presently labeled para-professional roles. We see the special training of trainers.

(2e) We recommend adaptations of training programs for psychologists to become trainers. Special training programs ought to be organized by a team of Asian Americans representing different orientations and backgrounds. Applied behavioral scientists should be involved in these activities. The NTL Institute, various other organizations, and individuals have had successful experience in training people of specific ethnic, cultural, or community backgrounds to evolve their own style and competency while selectively using and modifying applied behavioral science.

(2f) We recommend special grants be made available for travel to obtain overseas training and experience for Asian American psychologists and trainees. Since many of the clients of the future will be immigrants, some re-education and re-training of psychologists, whose experience may be sparse or out of date, are essential.

(2g) We recommend special effort at language development be part of the training of the psychologists and others. Research on language forms of help and of the cultural phrases and help seeking, rather than simply the English phrases translated into the native language, is needed. Literacy for high risk Asian American populations cannot be assumed.

(2h) In view of the fact that there are many Asian American psychologists and psychology students who are not serving other Asian Americans or who are not in the mental health areas of psychology, opportunities should be available to these persons to redirect their skills and expertise. That is, we must find the means of drawing the interests and talents of psychologists and students to work with Asian Americans. This may be accomplished by helping these individuals to become aware of Asian American needs (i.e., consciousness raising), to publicize the activities of the Association of Asian American Psychologists so that interested persons can develop a more ethnic professional identity, to ask these persons to consult on Asian American research or therapeutic intervention in order to utilize their skills and to facilitate interest in Asian American concerns, or to invite them to seminars or workshops on Asian Americans.

Asian American Needs and Resources

Two areas are identified for discussion: Mental health needs and Asian American contributions to American civilization and ways of life. The "need" for Asian American mental health training programs can be examined by (1) looking at the mental health problems encountered by Asian Americans, (2) the kinds of intellectual, professional, and community resources available to meet this need, and (3) the forces in American society which project a future or continuing need for psychologists. The demonstration of high need, few resources and future needs would be compelling evidence for the necessity of training Asian American psychologists to work in their own communities on mental health problems and facilitation of contributions to American ways of life.

There is a need also to develop programs for psychologists to work to foster and facilitate the contributions of Asian American persons, groups, and communities to American civilization, ways of life, and value orientation. The need is demonstrable by extrapolation of the present contributions to science and knowledge. More serious is the loss of contributions to philosophy and ways of life. Innovative programs can be created as models for other groups and their latent contributions. New roles for psychologists can be developed in facilitating others to contribute to American ways of life, new life styles and values.

Discernible Mental Health Problems

It is disturbing to note that many Americans still believe that Asian Americans experience few mental health problems, despite evidence to the contrary as indicated by practitioners and researchers (Berk & Hirata, 1973; Cordova, 1973; Kim, 1973; Kitano, 1969; Kuramoto, 1971; Morales, 1974; Sue, Sue, & Sue, 1975; Watanabe, 1973; Yee, 1975). We are not going to attempt to "prove" that many Asian Americans experience significant socioemotional distress. Such a task is ridiculous. We shall begin with the assumption that, as in all groups, Asian Americans exhibit psychological problems and have mental health needs. The real task is to specify the kinds of problems that arise and the conditions that create and maintain stress. By focusing on the mental health problems encountered by Asian Americans, we are not implying a deficit model of functioning. There is no strong evidence that Asian Americans as a conglomerate group are any more or less disturbed than other groups. Asian Americans experience generational differences, marital conflicts, life changes, etc. as any other groups. However, certain conditions place Asian Americans and various Asian American subgroups at risk. These conditions in the absence of adequate resources probably lower positive mental health and increase mental disorders.

What are these conditions? We have identified three major stressors which are related to each other. The first is *racism* (i.e., prejudice, discrimination and institutional racism) with its consequences on survival, self-esteem, feelings of alienation, powerlessness, etc. The second stressor comes from the *failure* of society to facilitate the development of culturally different groups in America. The former process is more insidious; the latter occurs any time culturally different groups are forced to interact. With respect to racism, it is beyond the scope of this paper to provide an adequate discussion of its short and long range, immediate, and indirect effects. The practitioners and researchers cited earlier in this section on mental health problems have documented racism and its effects on mental health. The failure to facilitate the development of culturally different groups would imply that there is a direct relationship between cultural diversity and stress. Thus among Asian Americans, recent immigrants and those whose life styles are the most dissimilar (e.g. Asian Americans living in isolated ethnic communities such as Chinatowns or having limited access to power), would be under the most stress. The solution to these problems would be (1) elimination of racism and (2) the acceptance and respect of culturally diverse groups. The third major stressor is the rapidity and turbulence of *social change*, common to all groups in contemporary society but with special significance for Asian Americans. Upheavals in cultural and political values, revolutions in social patterns and mores, redefinitions of work and occupations are occurring within a persons's life time in the society as a whole. Social change as a stressor will not diminish but will increase at an even higher rate in the future.

How do these stress factors influence psychological distress? For two major reasons this question is difficult to answer. First, there is a paucity of empirical research and theory on the kinds of psychological disorders and social pathologies among Asian Americans. Second, the development of reliable and valid indices of personality characteristics, social psychological situations, and psychological disorders among Asian Americans are major problems. Good cross cultural measures or culturally specific tests, where norms have been constructed, are lacking. This problem is further complicated by the proliferation of psychological theories of behavior and behavioral dynamics that may be inaccurately applied to Asian Americans. Several Asian Americans (Kagiwada, 1973; Sue & Sue, 1972) have pointed to these problems. With these limitations in mind, we can summarize the available findings into three groups dealing with psychological well-being: (1) personality research; (2) psychological aspects of social situations; (3) mental disorder studies. A number of researchers have indicated that various Asian American groups (mainly Chinese and Japanese) experience value

conflicts and more anxiety, loneliness, passivity, and conformance than Caucasian students (Ayabe, 1973; Fong & Peskin, 1969; Meredith & Meredith, 1966; Fenz & Arkoff, 1962; Sue & Frank, 1973). Many of these studies have been conducted in Hawaii so that the generality of findings is not established. Furthermore, these studies have come under attack for being based upon simple assimilation or culture conflict models or for employing personality measures that have limited cross-cultural validity (Kagiwada, 1973; Sue, 1977; Takagi, 1973). Research in the psychological aspects of refugeeism, management of authority crises, leadership and community dynamics, identity formation, and bio-lingualism have been only partially researched in relation to mental health.

Research into mental disorders has mainly demonstrated that the expression of symptoms is related to cultural background (Duff & Arthur, 1967; Katz, Gudeman, & Sanborn, 1969; Kitano, 1969) and that Asian Americans underutilize formal mental health services (Brown, Stein, Huang, & Harris, 1973; Kitano, 1969; Sue & McKinney, 1975). However, in the latter research, the investigators have suggested that the low utilization rates are probably due to factors such as the unresponsiveness of services rather than to low rates of mental disorders. Hinkle (1974) studied the mental and medical status of a group of immigrant Chinese who experienced major social change, social dislocations, and disruption of important interpersonal relationships. Compared to a group of Americans, the Chinese immigrants had a greater frequency of disease. The work of Lui (1974) and of Sue, Wagner, Ja, Margullis, and Lew (1975) indicates that Asian Americans may perceive and define mental illness in ways different from Caucasians. This implies that Western forms of treatment may be inappropriate to cultures that differ in values or beliefs. Interestingly, Sue and Kirk (1975) found that while Asian Americans underutilized the Student Health Psychiatric Service at the University of California, Berkeley, they tended to overutilize the Counseling Service compared to Caucasian students. Chinese American females were particularly overrepresented for counseling (during the four-year period of the study, over *half* of these females utilized psychiatric or counseling services). The researchers speculate that despite low use of psychiatric services, Asian American students do not have lower rates of disturbance; rather, they may merely seek other resources such as the Counseling Service which does not carry the strong stigma of the Psychiatric Service.

It is clear that more basic knowledge of Asian American mental health problems is necessary. In addition, a growing disaffection has occurred between researchers and "subjects." Many Asian Americans feel exploited by researchers, see no applied value from research, and want more control of research on Asian Americans. Thus two questions have been repeatedly asked of researchers, particularly of those in the area of mental health: Is the research relevant and valid for Asian Americans? What is the purpose of research?

In view of the points discussed, we would like to make the following recommendations:

(3a) The relationship for Asian Americans between factors such as racism, cultural diversity, social change, and psychological well being must be conceptualized more intensively. We need research on the etiological chain leading to direct and indirect consequences and the coping mechanism used by Asian Americans.

(3b) Better and novel research instruments, strategies, and theories have to be developed. Asian Americans need to draw upon their own experiences and observations to generate hypotheses and theories.

(3c) In research, various Asian American groups must be separated and focus should be placed upon group differences as well as similarities. Considerable individual differences exist even among particular Asian groups. While we are appalled at the paucity of research for all Asian Americans, mental health research on Pilipinos, Koreans, Vietnamese, etc. (non-Chinese and Japanese) is particularly deficient.

(4a) We feel that applied and pure research are important. The real concern should be over the quality of research and its relevance for Asian Americans.

(4b) There must be better collaborative efforts between researchers, practitioners, and consumers so as to reduce antagonism and to increase the potential value of research.

(4c) Specific research emphasis should be placed upon needs assessment, family interactions, and community organization and community dynamics for separate Asian American groups. The contribution of psychologists in the areas of social, personality, developmental, etc. should also be stressed.

(4d) Periodic summer conferences or institutes should be held to pursue the theoretical formulations helpful for further research and for use by instructors. Students should be funded equivalent to summer stipends for such work.

It is apparent from our discussion of mental health problems that (1) Asian Americans have significant mental health needs, (2) not much is known about the specific psychological status of Asian Americans, and (3) there is a vital need for competent research specialists in Asian American communities.

Resources to Promote Mental Health

For minority groups, there are two major categories of resources intended to promote mental health. The first includes the delivery of federal, state, and local

mental health services. The second resource comes from within the ethnic or Asian group.

When one examines the delivery of mental health care, it is apparent that these resources are inadequate. Asian Americans have been found to underutilize such services (Brown, Stein, Huang, & Harris, 1973; UCLA Asian Health Team, 1975; Sue & McKinney, 1975) and to quickly terminate services after contact (Sue & McKinney, 1975; Yamamoto, James, & Palley, 1969). Padilla, Ruiz, & Alvarez (1975) have argued that minority groups seeking mental health services (1) are frequently isolated geographically from such services, (2) are unable to find bilingual therapists, (3) encounter culturally bound therapists, and (4) encounter social-class bound therapists. These factors also appear true for Asian Americans. In addition, feelings of shame, fear of public knowledge of utilizing mental health services, different beliefs and norms about abnormal behaviors, etc. contribute to reluctance in using services. Thus for many Asian Americans, federal, state, and local mental health services are not resources at all.

We know that Asian Americans have developed family and community resources to promote mental health and to deal with mental disorders. Very little empirical research has been conducted to reveal these resources. Much of our knowledge of these resources comes from the experiences and observations of Asian Americans in their particular group. Many Asian Americans use herbalists, respected elders, or other third party persons to mediate conflicts or to offer assistance to persons experiencing emotional problems. For example, Chin (1976) points out that Chinese often utilize these "intermediaries" rather than professional mental health agents. As indicated in Table 1, the roles assumed by the intermediaries may be diametrically opposed to those assumed by the mental health agent. Similarly, Asian Americans may receive medication, acupuncture, advice from family members, etc. as forms of treatment.

TABLE 1

A	B	Professionalized D
(a member of a traditional culture)	*(a traditional intermediary)*	*(a social service worker, or member of a bureaucratic organization)*
1. Expects (B) to participate in exchange relationship.	1. Expects (A) to pay or participate in an exchange relationship.	1. Expects (A) to be a client, or "case," paid for by (C). Experiences embarrassment over exchange relationship.
2. Expects (B) to be high status, with communications and influential linkage with (C).	2. Has a body of experience in dealing with A's relations to (C).	2. Has self-definition of expert in knowledge. Experiences doubts over competency.
3. Expects (B) to be an advocate.	3. Expects to be an advocate for (A).	3. Has self-definition of neutrality as a technical representative of (C). Ambivalence, resistance and conflict over (A's) expectation of advocate role.
4. Has a preferred solution for (C) to follow.	4. Expects to give limited and acceptable advice to (A) or within A's preferred solution.	4. Expects honest data from diagnosis to lead to a prescription possibly different from the preferred solution of (A) and which is "for the good of the client."
5. Expects to plead or test opportunities or limits with (C) to gain own way.	5. Proclaims some ability to influence (C) by shaping A's appeal or by direct influence channels.	5. Expects rules and regulations of (C) to be followed in form.
6. Expects to change in circumstances and conditions from (C).	6. Increases A's expectations of change from (C).	6. Expects realism from (A) of (C)'s ability to change circumstance.
7. Expects (C) to be exploitative and self interested.	7. Reinforces A's view of (C).	7. Expects (C) to be benevolent. Experiences mistrust of (C).

Note: c = environmental systems including other family members, treatment groups, the bureaucracy, etc. From Chin (1976).

(5a) Since Asian American groups may utilize these alternative resources, it is important to understand and assist these agents as well as to explore the possibility of changing professional roles into more culturally responsive ones.

Thus far in our discussion of resources, we have focused mainly upon treatment resources. Is it possible to formulate prevention strategies? Generally, prevention has been divided into primary (i.e., reducing the incidence of disorders by removing the etiological factor or by increasing first-line resources), secondary (i.e., reducing the severity and prevalence of disorders by improving treatment methods and environmental support systems), and tertiary (i.e., minimizing the impact of a disorder through rehabilitation). Obviously, primary prevention would have the greatest impact. If prejudice, discrimination, and nonacceptance of different cultural values are one of the major stress factors, then efforts to eliminate these stressors would be crucial (e.g. the creation of the Office of Asian American Affairs). Furthermore, we need to find the potential roles that family, church, associations, and the community can play in prevention. With respect to secondary prevention, we have indicated that traditional mental health services are not responding to the needs of Asian Americans. Our recommendations are that:

(5b) Since traditional mental health services are not responding to Asian Americans, these services need to be changed. Such changes can include the employment or training of practitioners who are bilingual, able to work within the cultural life style of Asian Americans, and flexible in dealing with clients from different social classes.

(5c) Explore alternative delivery systems within Asian American communities. An Asian American Counseling and Referral Service was created in Seattle to serve Asian Americans. Similar facilities have been developed in the San Francisco Bay area, Los Angeles, New York, and Boston.

(5d) Practitioners in Asian American communities must develop familiarity with the life style, need, and attitudes of the clients they are serving. Practicum training in such communities would be necessary.

(5e) Crucial to good training is the supervisor. Asian American supervisors are often in less secure job positions and are seen to be limited in competency because of their "foreign" background. They also are victims of racism in being assigned to restricted clientele or patients. Some supervisors thus become traditional in approach to ensure respectability. Ways must be created to foster their creativity in supervising trainees to obtain the most relevant training.

We recommend the establishment of a network of training supervisors to provide support for creating and strengthening cross disciplinary patterns of supervision of trainees. Special funding for newsletter and for face to face communications is needed.

(5f) We recommend a program of small grants to pay for special expenses of innovative training and supervision.

(6a) In view of need for training in certain communities, service agencies should also function to provide supervised experience for graduate students and interns.

(6b) We must strive to better integrate mental health resources with those resources in the Asian American communities.

(6c) We recommend the building of national and regional networks of psychologists, trainees, and community people to hold conferences on special topics that are appropriate for Asian groups as a whole. Topics limited to one Asian group might better be organized and studied by that group with the support of the Asian American psychologists.

(7a) Better prevention techniques aimed at eliminating stressors and at increasing resources are necessary.

Summary

It may seem that we have strayed a bit from training issues. However, in order to discuss training models, we have found it necessary to examine the question, "Training for what?" Before analyzing training models, let us summarize the ideas presented thus far. First, there is a shortage of Asian Americans who are in the area of clinical psychology. We also feel that only a small proportion of Asian American psychologists devote their services to other Asian Americans. Therefore, students interested in this area should be recruited. Second, outside of the mental health needs of Asian Americans, very little is known about Asian American communities, family interaction patterns, personality characteristics, deviant behavior, etc. A body of knowledge (knowledge base) must be developed in order to serve didactically for students. In view of the dissatisfaction with traditional measures of personality and with culturally biased theories of behavior, we need to train astute observers, sophisticated and novel research strategists, and persons who understand their group and who do not exploit this group. Third, we need to know much more about (1) changing traditional mental health agencies into culturally responsive systems, and (2) resources that already exist in Asian American communities. Asian American psychologists must then have intimate knowledge of traditional services and more culturally-used resources and develop the ability to implement this knowledge in prevention and treatment modes.

Contributions to Ways of Life

The psychological strengths, the ways of life, and

admiration for both high culture and folk culture of Asians by members of other cultures as well as by Asians need to be reinforced and adapted as contributions to American civilization. At present, the cultural values and the Asian American individuals holding these Asian values are viewed as alien and exotic. Psychologists can contribute to the future integration into American culture through research on these processes of incorporation of Asian and Asian American value systems and through developing facilitators such as consultants and trainers. Social psychologists, community psychologists, developmental psychologists, gerontologists, and personality psychologists can be trained to develop this role. Their roles must be conceptualized in the humanistic approach to psychology and have as their audience not only the Asian Americans but also the American population in general. Since the need and resources are yet to be researched, training programs must be developed. In order to develop these innovative programs, planning grants for experimental programs must be obtained. Planned change is possible for selected American and Asian American target groups such as youth humanists, and those developing strategies for the future.

(7b) We recommend planning be undertaken to develop research and practices for developing these roles of psychologists. Funding for planning of pilot programs must be obtained.

Training Models

Various issues and models of training have been proposed in the areas of clinical and community psychology. We would like to review some of these issues and models.

Austin Conference

The Austin Conference on Community Psychology Training in 1975 raised seven training parameters that have relevance for our discussion.

1) The Ideology, Value Base, and Social Ethics of the Model. What values lie behind the activities that the person graduating from the model is supposed to carry out? Are they human service oriented, social change oriented, service delivery oriented, etc.?

2) Goals and Objectives of the Model. What are the people being trained to do? What kinds of professionals does the model want the trainees to be? How should they be classified, i.e., broad range clinicians, mental health planners, organizational change agents, social experimenters, community mental health specialists, theoreticians, teachers, field workers?

3) Units of Study. Within the training model at what level or levels do we expect the students to operate? For example, individual, family and group, organizational, community, or societal. In this area we are interested in the unit of study; will the trainee be expected to work primarily, for example, with organizations as opposed to individuals?

4) Knowledge and Research Base. Where should the model get its knowledge now and in the future? We recognize the need for new knowledge in community psychology but where is it to come from? For example, applied social, epidemiology, clinical, environmental. How much knowledge can come through traditional sources in psychology and how much per necessity must come through other disciplines, i.e., sociology, anthropology, ecology. What are the research skills that are going to be needed at various levels? What about field research as opposed to laboratory based research? How are psychologists to make their entry into the community?

5) Technology and Skills Required. This is perhaps the most difficult area of all. Given the overloading in, for example, clinical programs, how is skill training to be taught in community programs and what skills are to be taught? For example, in primarily community models how much diagnostic testing, therapy and interviewing as contrasted to consultation, evaluation, and organizational developmental approaches? Where are the skills to be acquired? This relates to field training and in this area can community psychology training programs avoid the schism that has occurred in clinical programs between departments and field settings?

6) Content Areas. Given wide areas, what substantive content areas does the model deal with and offers courses in as well as field experiences? For example, mental health, child development, criminal justice, advocacy, psychopathology, aging, community organization, organizational development, political science, public health.

7) Format and Organization. Where should such a program be based? In a department, in an interdisciplinary setting, in a consortium of academic and training resources? What should be the nature of field placements, internships, practicum and special experiences? Should academic course credit be given for them? Who should teach them?

Before discussing these seven points, let us now examine the recommendations from the Vail Conference on Professional Training in Psychology in 1973 (Korman, 1974).

Vail Conference

The Vail Conference was convened in order to discuss issues and directions in the professional training of psychologists. The following were major themes that arose:

1) Basic service orientation was recognized but

without abandoning psychological science as the substantive and methodological root of any educational or training enterprise.

2) The choice of training models is determined by the kinds of skills its graduates will need in order to function effectively in the particular roles being chosen by and for them.

3) The attainment of certain degrees (AA, Bachelors, Masters, Ph.D., or Psy.D.) qualified one to assume roles commensurate with the type of training provided.

4) Professional roles should be concerned with societal needs and problems, and with assessing consumer perspective.

5) Admission requirements must be flexible and emphasize cultural diversity. Programs should provide "truth in packaging" so that prospective applicants are not misled.

6) Commitment to one specific model of training was avoided. However, emphasis was placed on field training in multiple contexts with a clear integration of field and academic experiences.

7) Field training must be congruent with the needs of a range of clients in a community, particularly with underserved populations.

8) Faculty must provide a convincing professional role model.

9) Higher level practitioners (i.e. doctorates) must function at higher levels including evaluation of service programs and new procedures, design of new delivery systems, development of new conceptual models, integration of practice and theory, program development and administration, and supervision and training.

As we can see, the Austin and Vail Conferences presented a series of complicated issues having relevance for the training of Asian American psychologists. Some of them have already been discussed. A recent report by Nellum and Associates (1975) is also relevant to our concerns. The investigators examined the training of mental health professionals (psychologists, psychiatrists, social workers, and nurses) to serve minority groups. Of these professions, only social work appeared to have an abundance of literature, programs, and recommendations for training.

Training suggestions included the following:

1) Move from "token" courses on minority content to their inclusion in the core curriculum.

2) Provide educational experiences that generate sensitivity to and appreciation of the history, heritage, current needs, strengths, and resources of minority communities.

3) Help students and faculty understand development and behavior of the group being studied, thus enabling them to: (1) use this knowledge to develop skills in working with minority groups; and (2) develop strategies to modify the effects of political, social, and economic forces on minority groups.

4) Conceive, design and support new systems of service and/or implement changes in existing systems that are unresponsive to the special needs of minorities.

5) Provide opportunities for students and faculty to work as co-partners in learning to develop the knowledge, understanding, technical competence, and social commitment toward the development of latent potentials in minority communities, and a better quality of life in these communities and the rest of society.

6) The curriculum must focus on immediate social problems and needs. It must stimulate an awareness of minority problems caused by economic, social and educational deprivation.

7) The curriculum must be designed to stimulate this awareness, not only at a cognitive level but also on an affective level—enabling the students to understand feelings of helplessness and powerlessness, low self-esteem, poor self-concept and how they contribute to low motivation, frustration, hate, ambivalence, and apathy.

8) Each course should contain a consciousness raising component, a knowledge development component and a skills component.

9) Crisis resolution treatment must be incorporated into psychotherapeutic techniques as an alternative to the traditional 50-minute hour schedule.

10) Therapeutic training must focus on more active roles as opposed to passive, "talking roles."

11) Therapeutic training must help mental health professionals to develop approaches most in keeping with the needs of their patients rather than utilizing those with which they are most comfortable.

12) Minority content must no longer be presented in terms of the multiproblem family, the delinquent, the non-contributing, non-productive member(s) of society. In other words, we must stop systematically presenting people as problems or as inherently worthless and in a similar vein as creators and perpetrators of their own misfortunes. Curriculum content must start focusing on the positive aspects of the (minority) experience rather than on its deficiencies.

13) Increased attention must be given to causes and consequences of discrimination and racism and the role and responsibility of mental health educators and professionals to deal with these problems, especially at the policy and practice levels.

14) The curriculum must not ignore or downgrade the importance of working with white groups. Thus, the

curriculum must include the social psychology of white persons' responses to social and ethnic minorities' struggles as well as the social psychology of various minority groups.

In addition, we have also identified some specific questions for Asian Americans. Is there a sufficient knowledge base for Asian American psychology courses? Do enough field placements exist in Asian American communities? Should Asian American psychologists work only with their own Asian group? How important is the ability to speak in an Asian language? Can programs change so as to facilitate training?

We cannot deal with all of these questions in any depth. Three major areas have been selected for analysis: (1) the product of training, (2) the type of training to develop the product, and (3) the methods by which existing programs can respond to Asian Americans.

Product

This topic is concerned with the kind of competencies and expertise that has to be developed in Asian American psychologists. From the preceding discussions, we have suggested that responsive practitioners and researchers are needed in Asian American communities. Are we then advocating that the product be a scientist-professional one where students are trained as researchers and practitioners? This definitely is the prevailing model in Ph.D. clinical programs. While the scientist-professional model is philosophically the most appealing in view of the greater need for research and service, the real problem is over the definition of "scientist" and "practitioner." If the concept of "scientist" refers to the development of persons who conduct research on Asian Americans with ethnocentric biases, with little concern for Asian Americans and their plight, with little or no implications for application, and with little attempt to develop culturally relevant and sensitive theories, research instruments, and research strategies, then we would oppose the training model. What is needed are basic and applied scientists, who receive training to develop culturally relevant theories, who are concerned about Asian Americans, etc. The "scientist" must also direct efforts not only at the individual level but also at the family, community, and societal levels for these collectives have tremendous influence on Asian Americans. The list of possible research topics is too long to enumerate. However, special emphasis should be placed upon the solution of major problems experienced by Asian Americans. Finally, "scientists" must work in collaboration with consumers and community organizations in order to maximize research benefits. To some extent, then, researchers must be able to form consulting relationships.

Just as we have tried to define "scientist," we must also specify those "professional" aspects of the model. It has already been mentioned that traditional psychotherapeutic modes and mental health care delivery systems are not responding to Asian American needs. The practitioner must therefore be equipped to find innovative and responsive techniques as an effective behavior change and social change agent. We are concerned that despite years of lip service to the notion that practitioners must understand and provide intervention techniques that match the life style of diverse groups, little has actually been done to systematically facilitate these techniques. It is essential that cultural nuances of Asian American life, family and community dynamics, and available resources be correctly interpreted. The professional role may then encompass diagnostic assessment, advocacy, liaison worker, etc. As in the Vail model, individuals with a Ph.D. should be expected to perform in more demanding roles.

Although primary emphasis on the product has been to recommend new approaches and roles, we feel that traditional training products, skills, and competencies are often necessary to learn. However, these should *not* be at the expense of novel approaches to minority group research and service.

Discussion has thus far been focused upon the training products of doctoral students. It is important to recognize that subdoctoral students can also play a vital role in serving Asian Americans. Not everyone can obtain a Ph.D. degree. However, many subdoctoral Asian Americans who have experience in working with Asian Americans, who are interested in their groups, and who demonstrate effective skills should be encouraged to assume roles consistent with their expertise. In view of the need for a diversity of skills in research and practice, we have avoided advocating a narrow, specific product. It should also be recognized that the Asian American groups are rapidly experiencing change. Pilipinos have the highest immigration rate to this country, the Vietnamese are encountering special problems, Asian American ghettos are increasing, the Asian American "unity" is eroding. With such changes and unpredictability, specific training products are hard to define. Ability to speak the ethnic language is important, however, and this skill should be advocated when one deals with clients whose main facility is in the ethnic tongue rather than English.

One final point should be raised. Should we also strive to train nonAsian Americans to work with Asian Americans? Some obviously feel that nonAsian American psychologists lack insight and credibility in Asian American communities. While we feel that primary emphasis should be placed upon Asian American students, others must be included if they develop

the necessary skills, expertise, and credibility in helping Asian Americans.

Types of Training

Most Asian Americans who obtained Ph.D.'s a few years ago were unable to find courses and practicim training with Asian Americans. It is not surprising then, that Asian American faculty (what few there are) in psychology and practicum supervisors have very little precedence in shaping traditional programs into ones that can respond to the needs of Asian Americans. Similar problems, of course, have been experienced by Blacks, Native Americans, and Spanish speaking/surnamed groups. Therefore, we would like to offer some *possible* directions for the training of Asian American psychologists along with concrete recommendations on how to actualize these directions. The following questions are examined: How necessary are traditional aspects of training? What new academic elements and field experiences are needed for Asian American psychologists? What are the means by which various training programs can respond to Asian Americans?

There is a great deal of variability in Ph.D. granting institutions in psychology. When Psy.D., masters, and bachelor's degree programs are included, we are dealing with a multidimensional phenomenon. Depending upon the program, various combinations of academic courses, research activities, and work in practicum setting are required. In addition, the content of training varies according to the areas of psychology (i.e., clinical, community, social, counseling, developmental, personality, physiological, etc.). It is impossible to draw specific recommendations for training in view of this diversity. We feel that traditional aspects of training such as the development of diagnostic, psychotherapeutic, and community skills for clinical psychologists are important to learn, particularly if such skills prepare one to deal with multicultural populations. To the extent that training ignores minority groups, especially Asian Americans, then training programs must change.

Academic courses should include emphasis on minority groups, individual, institutional, and cultural racism, perspectives of ethnic researchers and theories, etc. For Asian American students, specific content on Asian Americans must be included. While it has been asserted that the knowledge base on Asian Americans is quite low, we feel that the assertion should not be used as an excuse for avoiding the offering of Asian American content. First, a review of published social science literature on Asian Americans reveals over 1,000 sources. About half of these are relevant to the field of psychology and within the last few years, a dramatic increase in Asian American research has appeared. Second, even though the research knowledge base is relatively small, this should be added incentive to provide the available literature, to stimulate the search for new knowledge, and to discuss the relevance of the research on other ethnic groups.

The following are our recommendations for academic training:

(8a) We recommend the cross fertilization of psychology training programs with university or community based programs in Asian American affairs. University programs should examine their requirements for substitutability or for supplemental activities. Graduate and undergraduate level programs should be included.

(8b) We recommend an extension of cross university registration to allow the developing local or regional programs relevant to Asian American persons and communities to be fully utilized.

(8c) For Asian American students, Asian American content must be offered in separate courses, integrated into courses on minority groups, or integrated into psychology courses.

(8d) Training programs should view Asian American courses as "legitimate" ones.

(8e) If campuses have Asian American studies programs, students should be able to use these programs or to enroll in their courses as part of training. On campuses where there are few Asian American resources or communities, visiting Asian American practitioners and faculty should be invited to conduct seminars and workshops.

(8f) Training programs should, in the very least, have reference lists, and bibliographic materials available to interested students. An annotated bibliography is being develcped by Stanley Sue and James Morishima.

(8g) Students should be encouraged to transfer temporarily to other training programs that have an emphasis on Asian Americans.

(8h) Universities should affirmatively hire faculty who have expertise on Asian Americans.

(8i) Content of academic courses on Asian Americans should vary according to the skills needed by students. The precise specialty of expertise should be left up to the interests of students.

It is vitally important that Asian American students have practicum experiences with Asian Americans. Therefore, exposure to Asian American communities should take place in internships, traineeships, and field work courses. This training should be supervised by persons with expertise with Asian Americans. Contact with Asian Americans, in roles of therapist, researcher, consultant, service organizer, etc. must be

encouraged. In order to facilitate practicum experiences, we recommend that:

(8j) Training programs identify and support practicum settings in Asian American communities so that students can receive experience in such settings.

(8k) APA affirmatively explore formal approval of these practicum settings and sources of funds to support them be found.

(8l) Practicum settings that train other mental health professionals (i.e., psychiatrists, social workers, and psychiatric nurses) be suitable for psychologists as long as the specific psychological skills of students are enhanced.

(8m) Students receive training with diverse Asian American groups. While it is recognized that there are substantial differences among Asian groups and that work with one's own group is highly desirable and important, we simply lack enough psychologists to meet the needs of all Asian American groups. Until the time arrives where a substantial number of Chinese, Japanese, Pilipino, Vietnamese, etc., American psychologists are available for work with their own group, students should be trained to deal with diverse Asian groups. While we recognize that Asian groups often have difficulty working with each other, there does not presently seem to be a better alternative. Ultimately the solution resides in recruiting enough psychologists representing all Asian American factions.

(8n) Students should also be exposed to diverse roles. In clinical internships, assessment, group therapy, and individual psychotherapy are usually the primary skills learned. While some practicum settings also offer experiences in consultation, community intervention, etc., we believe that the roles and experiences must be much more diverse. As mentioned previously, Asian Americans often have certain cultural resources and means of dealing with deviance. Students should be able to bridge their more traditional and professionalized skills with those required in Asian American communities. For example, this may mean that psychologists be able to utilize ethnic intermediaries, to work with community institutions and organizations, and to further develop cultural resources. Asian Americans should also become effective in the political decision making process so that legislation affecting the psychology profession and Asian Americans can be influenced.

Social Change in Training Programs

This last issue is concerned with affecting changes in existing programs. How do we go about facilitating *realistic* changes in training programs, especially since such programs are under multiple demands, are usually resistant to change, have little knowledge of Asian American needs, often fail to recognize the importance of Asian American concerns, and are frequently located in areas where there are few Asian Americans? The first step in facilitating change would be to inform training programs of the complex issues and concerns of Asian Americans. The Vail Conference served to dramatize the feelings of many minority groups. We should now begin the task of systematically informing training programs of Asian American needs.

(9a) We recommend that the various professional associations urge their constitutent committees and boards to include attention to eliminating barriers of institutional racism affecting the well-being of Asian American persons and institutions.

(9b) We recommend that the various professional associations urge their constituent committees and boards to include attention to eliminating barriers of sexism affecting the well-being of Asian American persons and institutions.

(9c) We recommend that the various professional associations urge their constituent committees and boards to include attention to eliminating barriers of institutional legalisms such as American citizenship requirements to hold positions in various federal, state, and local agencies, receive training or research grants, and all other rights. As part of the legalism barriers to eliminate "foreign" training, nonacceptance of foreign training be re-examined to ensure that competency is the basis of accreditation, not merely on the basis of the foreign location of the institution or program. Professionals from Asian countries now located in American institutions should not be discriminated against.

(9d) We recommend a vigorous information and implementation program in federal agencies. These programs should also emphasize that traineeships and stipends may be now open to permanent residents and certain classes of other non-citizens.

(9e) We recommend the formation of local or regional directories of psychologists, psychiatrists, social workers, pastoral counselors, student personnel staffs, community workers, physicians, and community leaders who are competent to offer direct services and consultation. These directories should be available to list the competency and experience in various Asian American issues, cultural background and community involvement. Distribution to strategic persons and locations should be arranged.

(9f) We recommend a committee be formed of Asian American researchers to develop further stimuli for further theory and research. Research and theory development can be enhanced in meetings of national, regional and local professional conventions. A set of topics can be outlined in advance for two or three years in order for individuals to think and prepare papers and research. While it is presumptious to attempt to influence the selection of topics for term papers, master's and doctorate theses, it has been

our experience that many students plough over the same ground in each Asian group, with no cumulative effect, and with limited samples and inadequate tools of measurement and concepts. A set of theoretical and research papers detailing the possibilities in a number of topics can reinforce replications, provide stimulation and priorities for young researchers in places where they do not have guidance, and create frameworks to test hypotheses. The Association of Asian American Psychologists and/or the Asian American Mental Health Research Center can be the organizing focus for such activities.

(9g) The final recommendation that we have concerning change in existing programs is intended to put some "teeth" into the process of responding to Asian American or other ethnic group needs. There should be a system of reinforcement to programs that respond or fail to respond to minority groups in terms of recruitment and training. In order to see that programs work toward the training of ethnic psychologists, we suggest that (1) criteria for the award of training grants or stipends include consideration of minority group issues and concerns, (2) APA strongly use the recruitment and training of minority group psychologists and other affirmative action aspects as accreditation criteria, and (3) particularly responsive programs be publicized as possible models for other programs. Because of external circumstances, programs may differ as to their ability to respond. However, a genuine attempt to respond to Asian American and minority group needs must be demonstrated.

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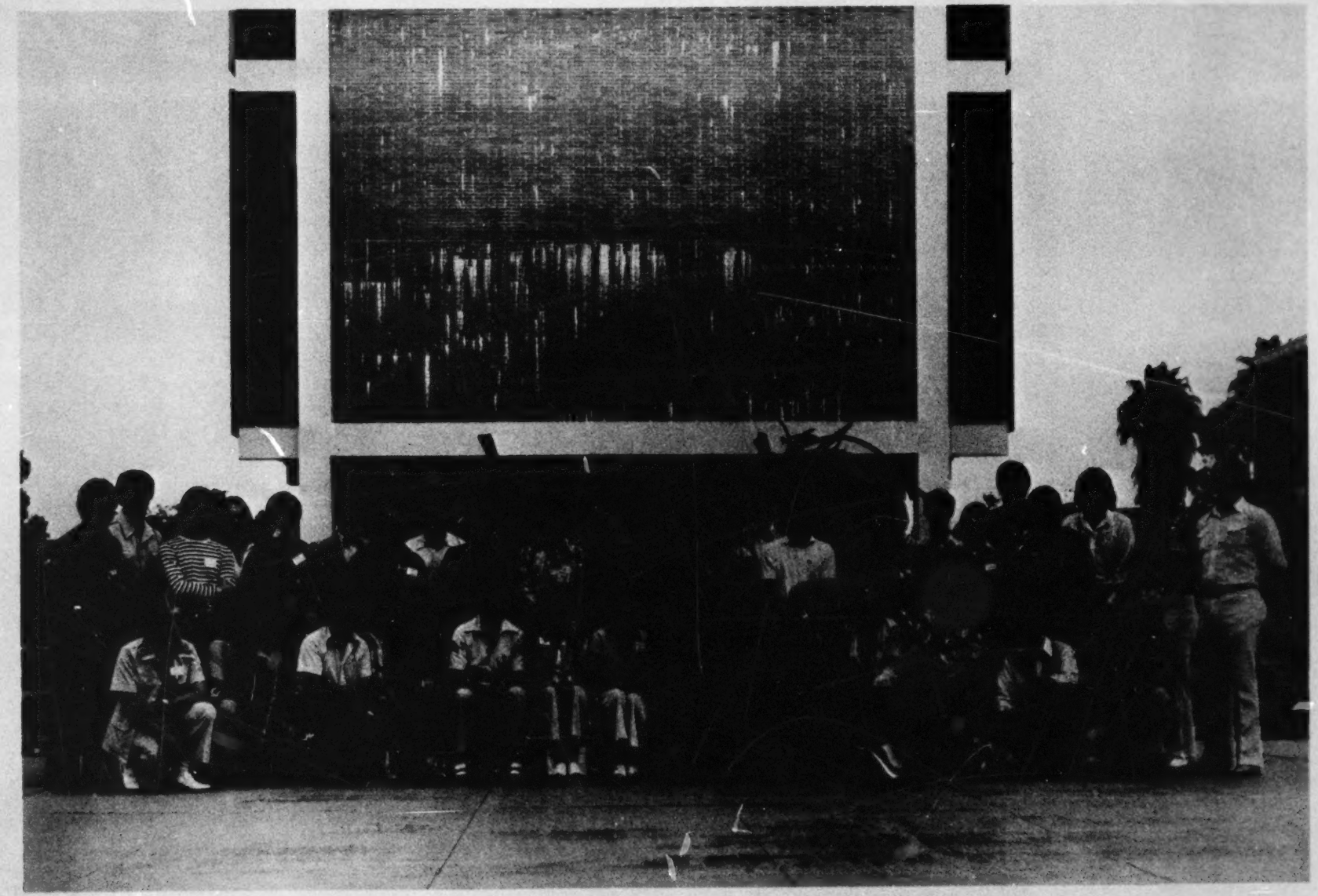
Appendix B: List of Participants

Max Callao
Sam Chan
Robert Chin
Ki-Tack Chun
Jim Cortez
Tim Dong
Lloyd Inui
Davis Ja
Henry Johnson
John Jung
Bok-Lim Kim
Luke Kim
Harry Kitano
Margaret Kokka
Ramsey Liem
William Liu
Chalsa Loo
Barbara Lui
Roger Lum
Norman Mar
Tuan Nguyen
Aline Nishihara
Vincente Noble
Yukio Okano
K. Patrick Okura
Robert Ryan
Lindbergh Sata
Stanley Schneider
Helen Sing
Stanley Sue
Richard Suinn
Ruby Takanishi
Gilfred Tanabe
Dalmas Taylor
Marion Tinloy
Reiko True
Leon West
Herbert Wong
Harry Yamaguchi
Albert H. Yee



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